COMPLETE THIS SECTION ON DELIVERY Case 1:05-cv-01024-MHT-VPM age 1 of 1 SENDER: COMPLETE THIS SECTION ☐ Agent A. Signature ☐ Addressee ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse Received so that we can return the card to you. Attach this card to the back of the mailpiece, D. Is delivery address different from item 1? ☐ Yes ☐ No or on the front if space permits. If YES, enter delivery address below: 1:05001024-7 Union Planters Bank, N.A., and/or Union Planters Bank, N.A. n/k/a Regions Bank, N.A. 5 t C c/o CSC-Lawyers Incorporating, Svc, Inc., agent for service Service Type Certified Mail 150 South Perry Street ☐ Express Mail ☐ Return Receipt for Merchandise Montgomery, AL 36104 Registered ☐ C.O.D. ☐ Insured Mail 4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7005 0390 0000 5268 8304

Domestic Return Receipt

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102595-02-M-1540